## Best Available Cop

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09764660

| FOR NUMBER FILED NUMBER EXTRA  TOTAL CHARGEABLE CLAIMS   |                                 |
|--|---------------------------------|
| TOTAL CHARGEABLE CLAIMS  INDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM PRESENT  * If the difference in column 1 is less than zero, enter "0" in column 2  * If the difference in column 1 is less than zero, enter "0" in column 2  * CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  * CLAIMS  REMAINING  REMAINING  AFTER  AMENDMENT  Total  * Minus  * PREVIOUSLY  PAID FOR  Total  * Minus  *   | GG<br>AN<br>ITY<br>DDI-<br>DNAL |
| INDEPENDENT CLAIMS    MULTIPLE DEPENDENT CLAIM PRESENT   | 96<br>AN<br>ITY<br>ODI-<br>ONAL |
| MULTIPLE DEPENDENT CLAIM PRESENT  * If the difference in column 1 is less than zero, enter "0" in column 2  * CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  * CLAIMS  REMAINING AFTER AMENDMENT  Total  * Minus  * PREVIOUSLY PAID FOR  Total  * Minus  * FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 2)  (Column 3)  * CLAIMS  * Minus  * Total  * Minus  * Highest  * ADDIT FEE  * ADDIT   | 96<br>AN<br>ITY<br>ODI-<br>ONAL |
| MULTIPLE DEPENDENT CLAIM PRESENT  * If the difference in column 1 is less than zero, enter "0" in column 2  * CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  * CLAIMS  REMAINING AFTER AMENDMENT  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 1)  (Column 2)  (Column 3)  ***  ***  ***  ***  ***  ***  ***   | 96<br>AN<br>ITY<br>ODI-<br>ONAL |
| * If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  Total * Minus ** =  | AN<br>ITY<br>ODI-<br>ONAL       |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT  Total  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 2) (Column 3)  CLAIMS  **  **  **  **  **  **  **  **  **   | AN<br>ITY<br>ODI-<br>ONAL       |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT Total  * Minus  ***    Independent   Minus    | ITY<br>ODI-<br>ONAL             |
| REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR TOTAL ADDIT. FEE  (Column 1) (Column 2) (Column 3)  REMAINING AFTER AMENDMENT PREVIOUSLY PREVIOUSLY PAID FOR EXTRA  RATE TIONAL FEE  RATE TIONAL FEE  X\$ 9= OR X\$18=  X\$0= OR ADDIT. FEE  OR ADDIT. FEE  ADDIT. FEE | NAL                             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +135=  OR +270=  TOTAL ADDIT. FEE  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST  |                                 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +135=  OR +270=  TOTAL ADDIT. FEE  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST  |                                 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +135=  OR +270=  TOTAL ADDIT. FEE  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST  |                                 |
| (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST  COTAL ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE   |                                 |
| (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST   |                                 |
| CLAIMS HIGHEST ADDI  |                                 |
| Total * Minus ** = X\$ 9= OP X\$18=  | DDI-<br>DNAL<br>EE              |
|  |                                 |
| Independent * Minus *** = X40= OR X80=   |                                 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                 |
| +135= OR +270=   |                                 |
| ADDIT, FEE ADDIT, FEE  |                                 |
| (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST   |                                 |
| REMAINING NUMBER PRESENT ADDI- ALL RATE TIONAL RATE TIC  | DDI-<br>NAL<br><u>EE</u>        |
| Total + Minus + = X\$9= OR X\$18=  |                                 |
| Independent * Minus *** = X40= OR X80=   |                                 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                 |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |                                 |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |                                 |